



# STATE OF DELAWARE DEPARTMENT OF TRANSPORTATION



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**Posting Number: C-03R**

## **EQUIPMENT OPERATOR I**

**(A PRE-SCREENING QUESTIONNAIRE ALONG WITH DRUG AND ALCOHOL FORMS ARE REQUIRED)**

**Opening Date:** July 5, 2005

**Closing Date:** Open

**Vacancies Exist**

**Salary:** \$19,544 - \$24,430 (Minimum to Midpoint) Pay Grade: 4

**Locations:** New Castle, Kent and Sussex Counties (Please check the appropriate county or counties of interest on your application)

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**Summary Statement:** This describes entry-level equipment operator work. This level is involved in learning department rules, regulations, and policies concerning operation of equipment, proper handling of materials, and environmental issues as related to the industry. Work is performed under close direction of a technical superior.

**Career Ladder:** Upon satisfactory completion of Department promotional standards and minimum qualifications, employee will be eligible to be promoted to the next level.

### **Minimum Qualifications:**

Please address each item separately on the Minimum Qualifications page of the application. Failure to do so will result in a disqualification.

Applicants must have education, training and/or experience demonstrating competence in the following areas:

1. Knowledge of motorized equipment used for grass cutting, snow removal operations, or hauling materials.  
**Applicants must list all experience/training in the above including types/pieces of equipment used.**
2. Knowledge of basic hand tools such as jack hammers, power saws, air compressors, mechanical tampers, concrete saws, air compressors, hydraulic drivers or similar equipment used in repair, maintenance and development of roads, grounds or structures.  
**Applicants must list all the training/experience using hand and power tools in masonry, road construction, general construction, carpentry, etc.**
3. Knowledge of routine preventative maintenance on motorized equipment including, but not limited to, checking belts, hoses, and fluid levels, minor repairs or troubleshooting.  
**Applicants must list all experience/training performing preventative maintenance on motorized equipment and troubleshooting for potential problems.**

**Examination:** Application is evaluated based upon Training and Experience.

**License, Registration or Certification:**

- Applicant must have a CDL Class B license with "Airbrake" restriction by the end of probationary period and maintain it during tenure in the class.
- Applicant must obtain DELDOT certification requirements for six-wheel dump truck (series #101) and tractor mower with side and/or rear attachments (series #102) by the end of the probationary period.

Effective January 1, 1995, positions in this class are subject to pre-employment drug testing and post employment drug and alcohol testing in accordance with the Omnibus Transportation Employees Act of 1991. In accordance with Federal Motor Carrier Safety Regulations 382.413 Department of Transportation is required to obtain alcohol and controlled substances test information maintained by current and/or prior employers for the preceding two year period. Release forms must be signed and submitted with your application. Release forms can be obtained on line or at Department of Transportation.

**Essential Functions:**

- Operates vehicles to haul/plow and remove snow and other material to and from -roadways and right-of-ways.
- Mows grass with hand mowers and tractor mowers.
- Use hands/hand tools to patch asphalt surfaces, clean and fill cracks in road surfaces, and assist with installing pipes, crossovers, retention ponds, etc.
- Assists with construction/modification/repair of state infrastructure including, but not limited to catch basins, drain pipes, guide-rails, fences, and related structures.
- Performs preventive maintenance/inspections on assigned equipment, checks fluid levels, cleans and lubricates equipment, does walk around inspections and reports discrepancies.
- Responds to emergencies, set up traffic control devices and assists with emergency response activities.
- Assists technical superior with more complex equipment operations, trains for more complex assignments.
- Typical contacts are with mechanics to report equipment discrepancies, public to control traffic movement, and other operators to coordinate joint work efforts.

**Conditions of Employment:**

Upon a conditional offer, you must undergo pre-employment drug testing as part of the hiring process.

Applicants must be legally authorized to work in the United States for any Employer.

A labor organization has been elected by employees as their representative for collective bargaining and other work-related purposes. The person selected for this position shall, as a condition of employment, join and pay dues to the labor organization or may, instead, not join but pay a service fee no greater than the dues. The labor organization is required to represent all employees, even those who do not join. Employees who do not join pay a fee for these representation services provided on their behalf.

Direct deposit of paychecks is required as a condition of employment for all new employees.

**Benefits:** To learn more about the comprehensive benefit package please visit the State Personnel web-site at <http://delawarepersonnel.com/benefits/index.htm>

**Submitting your Application:**

- **Apply on-line at [www.delawarestatejobs.com](http://www.delawarestatejobs.com) (applications will be routed automatically to the recruiting agency).**
- If you can not apply on-line, paper applications can be submitted to one of the following locations.
- **TRANSPORTATION (DELDOT)**, Human Resources, 900 Public Safety Boulevard, Dover, DE 19901  
Phone: (302)760-2011 Fax (302)760-2770
- **STATE PERSONNEL OFFICE**, Employment Services, Townsend Building, 401 Federal Street, Suite 5, Dover, DE 19901 Phone: (302) 739-5458 Fax (302) 739-2327
- **STATE PERSONNEL OFFICE**, Employment Services, Carvel State Office Building, 1<sup>st</sup> Floor, 820 North French Street, Wilmington, DE 19801 Phone: (302) 577-8277 Fax: (302) 577-3957
- **STATE PERSONNEL OFFICE**, Employment Services, Delaware Technical and Community College Campus, P. O. Box 610, Georgetown, DE 19947 Phone: (302) 856-5966 Fax: (302) 856-5969

**Attachments to Applications:**

- Please do not submit copies of evaluations, letters of reference, training certificates, or college transcripts unless requested.
- If supplemental information is requested by the posting or needed for scoring purposes such as but not limited to a DD214, resumes or transcripts please send or fax to the recruiting agency before or on the specified closing date.
- Applications or additional information will not be accepted after the closing date.
- Resumes will not be accepted unless accompanied by a State of Delaware Application.

**Accommodations:**

- Accommodations are available for applicants with disabilities in all phases of the application and employment process. To request an auxiliary aid or service please call (302) 739-5458
- TDD users should call the Delaware Relay Service Number 1-800-232-5460 for assistance.

**The State of Delaware - An Equal Opportunity and Affirmative Action Employer**

**NOTICE TO APPLICANTS**  
**EFFECTIVE JANUARY 1, 1995**

DelDOT is subject to the provisions of the Omnibus Transportation Employees Testing Act of 1991 for positions requiring a Commercial Drivers License as a condition of employment and subject to PART 383 of the Federal Motor Carrier Regulations.

These positions include those in the Equipment Operator series, Equipment Mechanic series and others as noted on the job announcement(s).

A confirmed negative Pre Employment Drug Test is required for employment. The drug test will be scheduled when a conditional offer of employment is made. A confirmed positive drug test or refusal will result in denial of employment.

Under the Federal Motor Carrier Regulations, PART 382.413, DelDOT is required to obtain records maintained by current/prior employers under 382.401 (b) (1) (i) through (iii) concerning alcohol test results with a concentration of .04 or greater, positive drug test results and refusals to be tested within the preceding 2 years. Accordingly, you are required to provide name (s) and address (es) including mailing address, city, state, and zip code of current/prior employer(s), dates of employment and position(s) held. Such review may be conducted at any time following application but will be conducted prior to employment. Any applicant refusing to consent to release of such records will be denied employment.

Applications for employment in positions covered by the DelDOT Drug & Alcohol Testing Program will be rejected unless accompanied by a signed Drug Consent Form and a signed Consent Form for Release of Records in accordance with PART 382.413 of the Federal Motor Carrier Regulations.

Questions about pre-employment testing should be directed to Angel Aguilar or LaVerne Williams of the DelDOT HR Section (302)760-2011.

**APPLICANT CONSENT FORM I**  
**RELEASE OF ALCOHOL AND CONTROLLED SUBSTANCES TEST**  
**INFORMATION BY PREVIOUS EMPLOYERS**

**In accordance with Part 382.413 of the Federal Motor Carrier Safety Regulations, I hereby give my consent to my current/prior employer(s) to release to DelDOT the following information maintained under §382.401(b)(i) through (iii) for the preceding 2-year period:**

- 1. Any and all alcohol tests with a concentration result of .04 or greater.**
- 2. Any and all positive controlled substances test results.**
- 3. Any and all refusals to be tested.**

\_\_\_\_\_  
**Applicant's Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

**(NOTE TO APPLICANT: Failure to sign and return this form will result in rejection of application.)**

**PRIOR DRUG & ALCOHOL TEST RESULTS VERIFICATION**

Pursuant to the FMCSA (49CFR 382 and subpart 40, Dover, and/or its subsidiaries is required to obtain the results of all DOT required drug and/or alcohol test(s), including refusals to be tested. Applicant written authorization giving SCHNEIDER permission to obtain information is included.

1. Has this person tested positive for a controlled substance within the last 2 years? If Yes, please list the date (s) of all positive test results and the drug(s).	Yes	NO
2. Has this person had an alcohol test with results of .04 or greater during the past 2 years? If yes, please list the date(s) of all alcohol test results of .04 or greater.		
3. Has this person had an alcohol test with results of .02 or greater but less than .04 during the past 2 years? If yes, please list the date(s) of all alcohol test results of >.02 but <.04 or greater		
4. Has this person ever refused to submit to a required drug screen and/or alcohol test during the past 2 Years – to include verified adulterated substituted drug test results? If Yes, please list the date(s) of the Refusal and the type of test refused:		
5. Did he/she have any other violations of D.O.T. Drug & Alcohol testing regulations during the past 2 Years? If Yes, please list the violations and date(s).		
With respect to any employee who violated a D.O.T Drug & Alcohol regulation please supply documentation of the Employee's successful completion of D.O.T return-to –duty requirements – to include S.A.P. information and follow up test.		
Information Furnished By: Full Name: _____ Position _____ Date: _____		
OFFICE USE ONLY: Requested by: _____ Date: _____		
Attempts: 1 <sup>st</sup> : _____ Time: _____ 2 <sup>nd</sup> : _____ Time: _____ 3 <sup>rd</sup> : _____ Time: _____		

**APPLICANT CONSENT FORM II  
(PRE-EMPLOYMENT DRUG TESTING)**

**\*In accordance with the Omnibus Transportation Employers Testing Act of 1991**

**(For positions requiring a Commercial Driver's License as a condition of employment and subject to Part 383 of the Federal Motor Carrier Regulations.)**

**I understand that as an applicant for a position as referred to above, that I will be subject to pre-employment drug testing if I receive a conditional offer of employment.**

**I understand that a confirmed negative drug test result is required for employment and that a refusal to test will result in denial of employment.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Printed Name**

**(Note: Failure to sign and return this form will result in rejection of application.)**

**PRIOR DRUG & ALCOHOL TEST RESULTS VERIFICATION**

Pursuant to the FMCSA (49CFR 382 and subpart 40, Dover, and/or its subsidiaries is required to obtain the results of all DOT required drug and/or alcohol test(s), including refusals to be tested. Applicant written authorization giving SCHNEIDER permission to obtain information is included.

6. Has this person tested positive for a controlled substance within the last 2 years? If Yes, please list the date (s) of all positive test results and the drug(s).	Yes	NO
7. Has this person had an alcohol test with results of .04 or greater during the past 2 years? If yes, please list the date(s) of all alcohol test results of .04 or greater.		
8. Has this person had an alcohol test with results of .02 or greater but less than .04 during the past 2 years? If yes, please list the date(s) of all alcohol test results of >.02 but <.04 or greater		
9. Has this person ever refused to submit to a required drug screen and/or alcohol test during the past 2 Years – to include verified adulterated substituted drug test results? If Yes, please list the date(s) of the Refusal and the type of test refused:		
10. Did he/she have any other violations of D.O.T. Drug & Alcohol testing regulations during the past 2 Years? If Yes, please list the violations and date(s).		
With respect to any employee who violated a D.O.T Drug & Alcohol regulation please supply documentation of the Employee's successful completion of D.O.T return-to –duty requirements – to include S.A.P. information and follow up test.		
Information Furnished By: Full Name: _____ Position _____ Date: _____		
OFFICE USE ONLY: Requested by: _____ Date: _____		
Attempts: 1 <sup>st</sup> : _____ Time: _____ 2 <sup>nd</sup> : _____ Time: _____ 3 <sup>rd</sup> : _____ Time: _____		

# DEPARTMENT OF TRANSPORTATION EQUIPMENT OPERATOR I

## Self-Screening Questionnaire

1. Do you currently possess a valid Commercial Drivers License (CDL)?  
YES\_\_\_\_ NO\_\_\_\_ Class\_\_\_\_ License Number\_\_\_\_ State of Issuance\_\_\_\_

The following requirements are needed by all candidates for this position. If you answer "NO" to any of the requirements listed below, do not complete the rest of this form. Sign below and return the form to the agency.

2. Do you meet the criteria below to obtain a Delaware CDL "A" or Delaware CDL "B" license?

### "A " and "B" Requirements

\*18 years of age with 1 year of driving experience

\*Delaware Resident

\*Have a current driver's license that is not denied, suspended, disqualified, revoked or cancelled in Delaware or any other state.

3. Are you willing and able to work outside under adverse weather conditions (especially snow and cold weather)?

YES\_\_\_\_\_

NO\_\_\_\_\_

4. Are you willing and able to work cutting grass under hot and dusty conditions?

YES\_\_\_\_\_

NO\_\_\_\_\_

5. Are you willing and able to walk long distances clearing roadways of litter, trash and dead animals?

YES\_\_\_\_\_

NO\_\_\_\_\_

6. Are you willing and able to work overtime and irregular hours?

YES\_\_\_\_\_

NO\_\_\_\_\_

I have read the above job conditions and to the best of my knowledge, the answers I have provided are true and correct. If awarded a position of Equipment Operator, I agree to accept the conditions indicated as part of the position.

Signature:\_\_\_\_\_

Date:\_\_\_\_\_